

NEVADA CREDIBLE-WITNESS ACKNOWLEDGMENT
NRS 240.169

State of Nevada }
County of _____ } ss.

This instrument was acknowledged before me

on _____, _____, _____
Month Day Year

by _____,
Name of Signer No. 1

(and

_____,
Name of Signer No. 2 (if any)

who personally appeared before me and whose
identity I verified upon the oath of

_____,
Name of Credible Witness

a credible witness personally known to me and to
the person(s) who acknowledged this instrument
before me.

Place Notary Seal and/or Stamp Above

Signature of Notarial Officer

OPTIONAL

*Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.*

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Nevada Credible-Witness Acknowledgment

This acknowledgment certificate may be used when an individual is present before the Notary, but unknown to the Notary and without adequate ID documents or cards. A present third party (the credible witness), who must be personally known by the Notary and who should personally know the signer, may then vouch for the signer's identity if given an oath or affirmation by the Notary.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

Instructions:

- 1 NAME OF COUNTY** where notarial officer performs notarization.
- 2 DATE OF NOTARIZATION.** Actual month, day and year in which signer appears before notarial officer.
- 3 NAME(S) OF DOCUMENT SIGNER(S)** appearing before notarial officer. Initials and spelling of names should agree with document and ID card signatures. If there is only one signer, cross out or line through the second space to prevent later unauthorized insertion of a name.
- 4 NAME OF CREDIBLE WITNESS** vouching for the identity of the signer(s) named in space 3.
- 5 SIGNATURE OF NOTARIAL OFFICER,** exactly as name appears on certificate of appointment and in seal.
- 6 SEAL IMPRINT,** clearly and legibly affixed.

SPACES 7–10 ARE OPTIONAL.

Omission of information here will not affect the document's validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

- 7 TITLE OR TYPE OF DOCUMENT** notarized, such as "Grant Deed."
- 8 DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, insert "No Date."
- 9 NUMBER OF PAGES** in the notarized document. Do not count the certificate as a page.
- 10 SIGNER(S) OTHER THAN NAMED IN SPACE 3.** Since all signers might not be named on the same notarial certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert "No Other Signers."

NEVADA CREDIBLE-WITNESS ACKNOWLEDGMENT
NRS 240.169

State of Nevada }
County of Clark } ss.

This instrument was acknowledged before me
on February 24 2017
Month Day Year

by Michael T. Smith
Name of Signer No. 1

(and

Name of Signer No. 2 (if any)

who personally appeared before me and whose
identity I verified upon the oath of
Steven J. Richards
Name of Credible Witness

a credible witness personally known to me and to
the person(s) who acknowledged this instrument
before me.
Pat R. Jones
Signature of Notarial Officer

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Grant Deed

Document Date: 2/21/17 Number of Pages: 4

Signer(s) Other Than Named Above: No Other Signers

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